

Professor reprimanded for failing to act over fraud

Clare Dyer *legal correspondent, BMJ*

Timothy Peters, professor of clinical biochemistry department at King's College School of Medicine and Dentistry, London, was found guilty of serious professional misconduct last week. He was given a severe reprimand by the General Medical Council for failing to take action over falsified research published by a junior doctor he was supervising.

Professor Peters was the research supervisor of Dr Anjan Banerjee, when he was a junior doctor at King's College Hospital between 1988 and 1991. Dr Banerjee, aged 41, was suspended from practice by the GMC for 12 months last December for publishing fraudulent research (*BMJ* 2000;321:1429).

When the GMC suspended him, he was already suspended from his job as consultant surgeon at the Royal Halifax Infirmary as a result of unconnected

allegations, and he resigned after the GMC suspension.

The GMC found that Professor Peters, aged 61, was alerted by colleagues to the fact that Dr Banerjee had falsified an abstract submitted to the British Society of Gastroenterology in 1990. Dr Banerjee had claimed that the results were based on urine samples from 12 healthy adults, when in fact they were his own.

The GMC's professional conduct committee also made a finding that Professor Peters "ought reasonably to have known"—again from colleagues' complaints—that an article written by Dr Banerjee and published in the journal *Gut* in December 1990 was fabricated too. The committee's chairwoman, Mary Clark-Glass, said that from November 1988 colleagues had raised doubts about the veracity of Dr Banerjee's research. Eventually the

researcher had admitted falsifying his results.

"Thereafter you took insufficient steps either to prevent Dr Banerjee from further falsifying his research or to ensure that, where such research had been published, timely retractions of it were made," she told Professor Peters. He had alerted the medical school but not the Medical Research Council (MRC) or the GMC, which he had a duty to do.

In 1989 Dr Banerjee had received an MRC fellowship, subject to a yearly report. The committee viewed "with particular concern" Professor Peters' "seriously misleading" report to the MRC, which failed to mention that it had been established that Dr Banerjee had falsified his research.

Mrs Clark-Glass said: "The committee consider that these events amount to a series of culpable omissions on your part, representing highly irresponsible behaviour. This conduct fell seriously short of the standards expected of a person in your position."

In deciding to limit the penalty to a severe reprimand,

the committee had regard "to the fact that these events took place some 10 years ago and to the evidence of your exemplary career before and since," she said. "We have taken particular account of the comments relating to your professionalism and integrity."

Earlier, Professor Peters' counsel, Philip Gaisford, had told the committee that the idea of a cover-up was wide of the mark. He said his client had to be judged by the standards of the time. "The climate of opinion and the standards required have changed very much in the interim." Professor Peters had ensured that "Dr Banerjee's career as a researcher came to an end at that point."

A spokesman for King's College School of Medicine and Dentistry said: "The GMC had no criticism of the college, and the college is confident it handled the case appropriately from the start. Professor Peters has been asked and has agreed to refrain from teaching, supervising, and examining students until he has taken an extended course in supervising students." □

Sudden cardiac deaths rise by 10% in young Americans

David Spurgeon *Quebec*

The number of adolescents and young adults dying each year from sudden cardiac arrest rose by about 10% between 1989 and 1996, the first study of nationwide trends in the United States has shown. The study was presented at the American Heart Association's 41st annual conference on the epidemiology and prevention of cardiovascular disease.

The number of sudden cardiac deaths in the 15-34 age group went up from 2724 in 1989 to 3000 in 1996, an increase of 10%. Of all the young people who died over the eight year period, 71% were men and 29% women.

Although many more men than women died, the rate of increase was much higher among women than among

men (32% compared with only 10%). The yearly rate per 100 000 women was 1.6 in 1989 and 2.1 in 1996, whereas the rate per 100 000 men was 4.1 in 1989 and 4.6 in 1996.

"Explaining these trends will require more scientific studies," said Dr Zhi-Jie Zheng, lead author and epidemiologist in the cardiovascular health branch of the National Center for Chronic Disease Prevention and Health Promotion at the Centers for Disease Control and Prevention, Atlanta.

"But we can speculate that some of the increase may be related to the increased prevalence of cardiovascular risk factors, such as obesity among adolescents. It may also be due to a poor rate of recognising SCD [sudden cardiac death] in younger patients and applying cardiopulmonary resuscitation. Unfortunately, we can't explain why there is a large increase in SCD among this age group of young women. However, combined with the findings of our previous study in an older age group of women, we think this trend is real."

Last November, Dr Zheng



US footballer Mia Hamm educates children on healthy eating—obesity may be contributing to a rise in sudden cardiac deaths

reported at the association's scientific sessions that women aged 35-44 had a 15% increase in sudden cardiac death during the same period. A breakdown of the figures in this latest study showed that 21% of the deaths were among people aged 15-24 and 79% were among those aged 25-34.

Death rates among those aged 15-34 seem to increase

proportionately with each year of advancing age. Death certificates showed that 36% of those that died had ischaemic heart disease; another 34% had arrhythmia or cardiomyopathy.

Dr Zheng said that sudden cardiac death is relatively rare among young people and often is preventable. Those at high risk can often be identified by a family history of the condition. □